

2011 Rhode Island Youth Risk Behavior Survey Middle School

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
A. 10 years old or younger
B. 11 years old
C. 12 years old
D. 13 years old
E. 14 years old
F. 15 years old
G. 16 years old or older
2. What is your sex?
A. Female
B. Male
3. In what grade are you?
A. 6th grade
B. 7th grade
C. 8th grade
D. Ungraded or other grade
4. Are you Hispanic or Latino?
A. Yes
B. No
5. What is your race? (**Select one or more responses.**)
A. American Indian or Alaska Native
B. Asian
C. Black or African American
D. Native Hawaiian or Other Pacific Islander
E. White
6. During the past 12 months, how would you describe your grades in school?
A. Mostly A's
B. Mostly B's
C. Mostly C's
D. Mostly D's
E. Mostly F's
F. None of these grades
G. Not sure

The next 4 questions ask about safety.

7. **When you ride a bicycle**, how often do you wear a helmet?
A. I do not ride a bicycle
B. Never wear a helmet
C. Rarely wear a helmet
D. Sometimes wear a helmet
E. Most of the time wear a helmet
F. Always wear a helmet

8. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
A. I do not rollerblade or ride a skateboard
B. Never wear a helmet
C. Rarely wear a helmet
D. Sometimes wear a helmet
E. Most of the time wear a helmet
F. Always wear a helmet
9. How often do you wear a seat belt when **riding** in a car?
A. Never
B. Rarely
C. Sometimes
D. Most of the time
E. Always
10. Have you ever ridden in a car driven by someone who had been drinking alcohol?
A. Yes
B. No
C. Not sure

The next 2 questions ask about violence-related behaviors.

11. Have you ever carried **a weapon**, such as a gun, knife, or club?
A. Yes
B. No
12. Have you ever been in a physical fight?
A. Yes
B. No

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

13. Have you ever been bullied **on school property**?
A. Yes
B. No
14. Have you ever been **electronically** bullied? (Include being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting.)
A. Yes
B. No

The next 5 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

15. Have you ever **seriously** thought about killing yourself?
A. Yes
B. No
16. Have you ever made a **plan** about how you would kill yourself?
A. Yes
B. No
17. Have you ever **tried** to kill yourself?
A. Yes
B. No
18. When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?
A. I do not feel sad, empty, hopeless, angry, or anxious
B. Never
C. Rarely
D. Sometimes
E. Most of the time
F. Always
19. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
A. I do not feel sad, empty, hopeless, angry, or anxious
B. Parent or other adult family member
C. Teacher or other adult in this school
D. Other adult
E. Friend
F. Sibling
G. Not sure

The next 19 questions ask about tobacco use.

20. Have you ever tried cigarette smoking, even one or two puffs?
A. Yes
B. No
21. How old were you when you smoked a whole cigarette for the first time?
A. I have never smoked a whole cigarette
B. 8 years old or younger
C. 9 years old
D. 10 years old
E. 11 years old
F. 12 years old
G. 13 years old or older

22. During the past 30 days, on how many days did you smoke cigarettes?
A. 0 days
B. 1 or 2 days
C. 3 to 5 days
D. 6 to 9 days
E. 10 to 19 days
F. 20 to 29 days
G. All 30 days
23. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
A. I did not smoke cigarettes during the past 30 days
B. Less than 1 cigarette per day
C. 1 cigarette per day
D. 2 to 5 cigarettes per day
E. 6 to 10 cigarettes per day
F. 11 to 20 cigarettes per day
G. More than 20 cigarettes per day
24. During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)
A. I did not smoke cigarettes during the past 30 days
B. I bought them in a store such as a convenience store, supermarket, discount store, or gas station
C. I bought them from a vending machine
D. I gave someone else money to buy them for me
E. I borrowed (or bummed) them from someone else
F. A person 18 years old or older gave them to me
G. I took them from a store or family member
H. I got them some other way
25. During the past 30 days, did anyone ever refuse to sell you cigarettes because of your age?
A. I did not try to buy cigarettes during the past 30 days
B. Yes, someone refused to sell me cigarettes because of my age
C. No, no one refused to sell me cigarettes because of my age

26. During the past 30 days, on how many days did you smoke cigarettes **on school property**?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
27. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- Yes
 - No
28. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- I did not smoke during the past 12 months
 - Yes
 - No
29. When you smoke cigarettes, do you prefer cigarettes that are plain or mentholated?
- I do not smoke cigarettes
 - I prefer plain cigarettes
 - I prefer menthol cigarettes
 - I have no preference
30. During the past 12 months, have you tried any flavored cigarettes **other than menthol**, such as raspberry, cherry, mint, or chocolate? Some examples of brands with flavoring are Camel Crema, Dark Mint, Izmir Stinger, and Twist.
- I did not smoke any cigarettes during the past 12 months
 - Yes
 - No
 - Not sure
31. Do you think you will smoke a cigarette at anytime during the next year?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
32. If one of your best friends offered you a cigarette, would you smoke it?
- Definitely yes
 - Probably yes
 - Probably not
 - Definitely not
33. Does anyone who lives with you now smoke cigarettes?
- Yes
 - No
34. During the past 12 months, did a doctor, dentist, or nurse **ask** you whether you smoke cigarettes?
- I did not see a doctor, dentist, or nurse during the past 12 months
 - Yes
 - No
 - Not sure
35. During this school year, were you taught in any of your classes about the dangers of tobacco use?
- Yes
 - No
 - Not sure
36. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
37. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property**?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days
38. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

39. Have you ever had a drink of alcohol, other than a few sips?
A. Yes
B. No
40. How old were you when you had your first drink of alcohol other than a few sips?
A. I have never had a drink of alcohol other than a few sips
B. 8 years old or younger
C. 9 years old
D. 10 years old
E. 11 years old
F. 12 years old
G. 13 years old or older
41. During the past 30 days, how did you usually get your alcoholic beverages? (Select only **one** response.)
A. I did not drink alcohol during the past 30 days
B. I bought it at a store, restaurant, or bar with no ID
C. I bought it at a store, restaurant, or bar with fake ID
D. I stole it from a store, my home, or another place
E. My parents gave it to me
F. I got it from friends
G. An adult over 21 (other than my parents) bought it for me
H. Some other way
42. Have your parents or guardians made it clear that they expect you **not to use alcohol**?
A. Yes
B. No
C. Not sure

The next 2 questions ask about marijuana use. Marijuana also is called grass or pot.

43. Have you ever used marijuana?
A. Yes
B. No

44. How old were you when you tried marijuana for the first time?
A. I have never tried marijuana
B. 8 years old or younger
C. 9 years old
D. 10 years old
E. 11 years old
F. 12 years old
G. 13 years old or older

The next 5 questions ask about other drugs.

45. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
A. Yes
B. No
46. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
A. Yes
B. No
47. Have you ever taken **steroid pills or shots** without a doctor's prescription?
A. Yes
B. No
48. Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
A. Yes
B. No
49. During your life, how many times have you taken **over-the-counter drugs** to get high?
A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

The next 2 questions ask about sexual intercourse.

50. Have you ever had sexual intercourse?
A. Yes
B. No

51. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

The next 4 questions ask about body weight.

52. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
53. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight
54. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
55. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 5 questions ask about physical activity.

56. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

57. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

58. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Include activities such as Xbox, PlayStation, Nintendo DS, iPod touch, Facebook, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

59. In an average week when you are in school, on how many days do you go to physical education (PE) classes?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

60. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams

The next 6 questions ask about other health-related topics.

61. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure

62. Has a doctor or nurse ever told you that you have asthma?
A. Yes
B. No
C. Not sure
63. Do you still have asthma?
A. I have never had asthma
B. Yes
C. No
D. Not sure
64. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
A. During the past 12 months
B. Between 12 and 24 months ago
C. More than 24 months ago
D. Never
E. Not sure

65. Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more.)
A. Yes
B. No
C. Not sure
66. Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more.)
A. Yes
B. No
C. Not sure

This is the end of the survey.
Thank you very much for your help.